

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/550154

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4						
5						
6						
7						
8						
9		1				
10		1				
11						
12						
13						
14	1		1			
15	1					
16		2		1		
17						
18				1		
19				1		
20				1		
21				1		
22			1			
23			1			
24			1			
25			1			
26		1	1			
27	1		1			
28		1	1			
29		1				
30	3		1			
31	3		1			
32	3		1			
33	3		1			
34	3		1			
35	3		1			
36	3		1			
37	6		1			
38	6		1			
39	6		1			
40	6		1			
41	6		1			
42	1					
43	1					
44	1					
45			1			
46			1			
47			1			
48			1			
49			1			
50			1			
TOTAL IND.	7					
TOTAL DEP.	53					
TOTAL CLAIMS	60					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						